If more blanks are needed, address State Registrar, 2411 N. Charles Stylet, Baltimore, Requesting U. S. No. 1.

Date of enset

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | İ             | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| JAN 8 1823   | 1             |  |               |  |
| Other contributory causes of importance:                                       | 1             | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL SPACE FOR FURTI | IER STATEMENTS BY PHYSICIAN |
|----------------------------|-----------------------------|
|----------------------------|-----------------------------|

|                             | every item o   | IANS shoul  | ment of OC  |  |
|-----------------------------|--|---|---|--|
|                             | RECORD. E  | Y. PHYSIC   | Exact state   |  |
| BINDING                     | ERMANENT   | EXACTL  | y classified.   | te.  |
| FOR                         | IS A P   | stated  | properl   | certifica  |
| MARGIN RESERVED FOR BINDING | L-WALDE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC | TION is very important. See instructions on back of certificate. |
| No. 1                       | WRIDE PLAINLY,   | mation should be cal  | CAUSE OF DEATH  | TION is very import  |

| SIAIL C  |   | LAND                        | CERTIFICATE OF DEATH 12876   |
|--|---|-----------------------------|--|
| County Worcester   |   |                             | Registration Dist. No.   |
| Village or City  | 9.50                                    |                             | No. 208 Cedar St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foralgn birth? yrs. mos. ds. |
| 2. FULL NAME Minnie Vi   | ola Bla                                 |                             | MITHIA CHEPOGATA LIMITO WE   |
| (a) Residence: No. 208 Ced   | lar<br>(Usual place o                   | f abode)                    | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATIST   | ICAL PARTIC                             | CULARS                      | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE White  | 5. SINGLE, MARR<br>OR DIVORCED<br>Marri | (write the word)            | 21. DATE OF DEATH Pocomoke City, December 21st., 193 4. (Month) (Day) (Year)   |
| 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of George T.Bla                  | ades                                    |                             | 22. I HEREBY CERTIFY That I attanded deceased from 193 4, to 200 , 193 4   |
| 6. DATE OF BIRTH (month, day, and year) July 7. AGE Yaars Months 62 5                      | Days                                    | If LESS then I day,hrs.     | THE FRINCIPAL CAUSE OF DEATH and related causes of importance  |
| 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc | Housewif                                | ne (years)<br>In this Life_ | Othar Contributory Causes of Importence:   |
| 13. NAME Sanders W. Black 14. BIRTHPLACE (city or town) WOrce (State or country) Ma        | des                                     | nty,                        | Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Arintha J  | .Davis                                  |                             | 23. If daath wes due to externel causes (VIOLENCE) fill In also the following:   |
| 17. INFORMANT George T. Bla  | yland.<br>des                           |                             | Accident, suicide, or homicide?  |
| (Address) Pocomoke Cit;  18. BURIAL, CREMATION OF REMOVALTY  Place Pocomoke Cit;           |   |                             | Manner of Injury Nature of injury  |
|  | ty, Mary 1                              | and.                        | 24. Was disease or injury In any way related to occupation of deceased?  |
| 20. FILED Dec. 23, 1934  |   | Registrar.                  | (Signad) M. D. (Address) War and M. D. (Address) (Address) M. D. (Address) (Address) M. D. S. No. 1.   |

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| Example I  |                   | Example II   |               |  |
|--|-------------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset     | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915              | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921              | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927       | Peritonitis  | 3 days ago    |  |
| Other contributory causes of importance:                                       | 4 9<br>1 0<br>1 0 | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923        | Gastroenteritis  | 1 year        |  |
|  |                   |  |               |  |

OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village pr City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred 2 How long In U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. statement RECORD. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of ! HEREBY CERT! FY. That I attended deceased from certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Days 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 10 10 or\_\_\_\_min. Date of enset 8. Trade, profassion, or perticular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, atc... may back 9. Industry or business in which plnous work was done, as SILK MILL, SAW MILL, BANK, atc.... ID. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation \_\_\_\_\_ (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation\_. (State or country) carefully Was thera an autopsy?\_\_\_\_\_\_ MOTHER 15. MAIDEN NAME important. in 23. If deeth was due to external causes (VIOLENCE) fill in also tha foilowing: Accidant, suicide, or homicide?\_\_\_ DEATH 16. BIRTHPLACE (city or town) ..... (State or country) Where did injury occur? .... pe (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnoys 17, INFORMANT OF (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury WRITE CAUSE mation Nature of injury. LION 24. Wes disaesa or injury in any way related to occupation of dacassad? 19. UNDERTAKER (Addrass) If so, specify Registrar. (Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |  |  |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |  |
| Cerebral hemorrhage  | July5,1927    | Peritonitis  | 3 days ago    |  |  |
|  |               |  |               |  |  |
| JAN 8 1543   |               |  |               |  |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |  |
|  |               |  |               |  |  |
|  |               |  |               |  |  |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH  |        |
|---|---|--------|
| 1. PLACE OF DEATH   | (820)   |        |
| County Warrester  | Registration Dist. No. 332  |        |
| Village or City Bushing md  | NoSt.,  | Ward   |
| Length of residence In city or town where death occurred 74 yrsmos.   | death occurred in a horpital or institution, give its NAME instead of atreet and number)  ds. How long in U.S. if of foreign birth? | ds.    |
| 2. FULL NAME William Clark  |   |        |
| (a) Residence: No. Mear Bullin  | St. Ward.   |        |
| (Usual place of abode)  | If nonresident give city or town and State  |        |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |        |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  | 21. DATE OF DEATH  (Month)  (Day)  (Vea   | 5      |
| 5a. If married, widowed, or divorced HUSBAND of   | ()  | 1)     |
| (or) WIFE of Mary Clark   | 22. I HEREBY CERTIFY, That I ettended deceased  | from   |
| 6. DATE OF BIRTH (month, day, and year) Undure  | I last saw h. 45 alive on 2 / 19 & 14; death is   | s sald |
| 7. AGE Years Months Days If LESS than   | to have occurred on the data stated above, atm.   |        |
| 1 day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |        |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPPR, etc.  | Date of   | Jeanc  |
| SAWYER, BODKKEEPER, etc.  |   |        |
| Wind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and | Cerebial troumhage hos  | 309    |
| 10. Date deceased last worked at this occupation (month and ) 425 spent in this year) year)   |   |        |
| Mal   | Other Contributory Causes of importance:  |        |
| 12. BIRTHPLACE (city or town) (State or country)  |   |        |
| 13. NAME Jury Clurk  14. BIRTHPLACE (city or town) Ma   |   |        |
| 14. BIRTHPLACE (city or town)   | Neme of operation   |        |
| (State of country)  | What test confirmed diagnosis? Was there an autopsy?  | Do     |
| 15. MAIDEN NAME WASHINGTON  | 23. If death was due to externel causes (VIOL ENCE) fill In also the following:   |        |
| O 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide?   |        |
| (State of country)  | Where did injury occur?(Specify city or town, county and State)   |        |
| 17. INFORMANT 12. 10. 10 Large (Address) ( 13 william ma)   | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |        |
| 18. BURIAL, CREMATION OR REMOVAL  | Manner of injury  |        |
| Place Lolary Clmillage 1011, 1934   | Nature of Injury  |        |
| 19. UNDERTAKER John Jakerbage (Address)   | 24. Was disease or Injury in any way related to occupation of deceased?   |        |
| 20. FILED 1954 & UMungford  | (Signed) A Holas A  | M. D.  |
| If more blanks are needed, address State Registrar.   | (Address)   |        |

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| Example I  | ***           | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| JAN 8 1/25   | 1             |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| infor-<br>state<br>UPA-                                      |   | CERTIFICATE OF DEATH   |
|--|---|--|
|  | 1. PLACE OF DEATH   | 75   |
| n of infor<br>ould stat<br>OCCUPA                            | County Moncester  | Registration Dist. No. 3×2   |
| iten<br>sh   | Village or City Ocean Cely  | No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)           |
| nt nt  | Length of residence in city or town where death occurredyrsmo                               | sds. How long in U.S. if of foreign blrth?yrsmosds.  |
| RD. Every<br>YSICIANS<br>statement                           | 2. FULL NAME Shomas hook Co   | nnawad   |
| D. SIC   | (a) Residence: No.  | St., Ward,   |
| S Y S  | (Usual place of abode)  | If nonresident give city or town and State   |
| PH<br>PH<br>xact   | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| F.S.   | 3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)           | 21. DATE OF DEATH  (Month) (Day) (Year)  |
| 9 6 2 7  | 5a. If married, widowed, or divorced HUSBAND of   | (Month) (Oay) (Year)   |
| IDING<br>MANEN<br>A C T I<br>assified                        | (or) WIFE of  | 22.   HEREBY CERTIFY. That I attended deceased from  |
| S S N P  | 6. DATE OF BIRTH (month, day, and year) May 9 18 15   | I last saw h alive on 3 Pm, Re 1934; death is said   |
|  | 7. AGE Years Months Days If LESS than   | to have occurred on the date stated abova, at3_20_m.   |
| FOR IS A F stated properly                                   | 59 7 /2 1 day,hrs.  | were as follows:   |
| - 00 -   | 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Oato of onset  |
| RESERVEL G INK—THI GE should be that it may be me on back of |   | MANTONIA MOTORY  |
| RESE NG INKAGE SH  | Spant in this   |  |
| Z  | 12. BIRTHPLACE (city or town) Sealey (State or country)                                     | Other Contributory Causes of Importance:   |
| MARGIN I UNFADI supplied. n terms, so                        | I IS. NAME Denny C. Connaway  |  |
| 4 9 4 4  |   | Name of operation Oate of  |
| T (1   | (State of County)   | What test confirmed diagnosis? Was there an autopsy?   |
| INLY, WITI be carefully EATH in pla                          | 15. MAIDEN NAME CANALLY Fuilles  16. BIRTHPLACE (city or town)                              | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| £ **   | 5 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicida? Data of Injury, 19   |
| ATA  | (Stata or country)  | Where did injury occur?  |
| E PLAINLY, should be call OF DEATH                           |   | (Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. |
| Sho OF   |   | Mannar of Injury   |
| SE SE  |   | Mannar of Injury   |
| WRITE mation s   | man On 1 What   | Natura of Injury 24. Was disease or injury In any way related to occupation of deceased? 20                        |
| E OF   | 19. UNOERTAKER /// M. J. Garley (Address)   | 24. Was disease or injury In any way related to occupation of deceased?  |
| S. No.   | 10/22 2 0 1   | (Signed) Frances J. 15700 Sand M.D.  |
| > z(T)   | 20. FILEO (4 1934 ) functions   | (Address) CO MALL CITY MG.   |

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| Example I  |            |        |        | 11            | Example II   |               |  |
|--|------------|--------|--------|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: |            |        | causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 100<br>per |        | FILE   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   |            | 734    |        | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | (1)        | 1      | e l    | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|  | -          | 00     | , î    | 1             |  |               |  |
|  |            | jet?   | 100    |               |  |               |  |
| Other contributory causes of   | impor      | rtance | 177    |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | 66         |        | (1)    | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  | Lamb Sales |        |        |               |  |               |  |
|  |            |        |        |               |  |               |  |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. -WRITE PLAINLY, B ż

MARGIN RESERVED FOR BINDING

V. S. No. 1

| 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.  8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)  | sds.            |
|--|-----------------|
| Village or City  No.  Length of residence in city or town where deeth occurred.  Length of residence in city or town where deeth occurred.  Yes.  Ward.  St.,  Ward.  Ward.  Ward.  Ward.  Ward.  If nonresident give city or town and St.,  Ward.  Ward.  Ward.  Ward.  Ward.  If nonresident give city or town and St.,  Ward.  Ward.  Ward.  Length of residence in city or town where deeth occurred.  Yes.  Ward.  Ward.  Ward.  Ward.  Ward.  Ward.  Ward.  If nonresident give city or town and St.,  Ward.  | umber)<br>sds.  |
| 2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day, hrs. wido on to have occurred on the date stated ebove, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)   |                 |
| (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)  | State           |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day, hrs. or min.  1 day, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)  | State           |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than I day, hrs. or how occurred on the date stated ebove, at hid of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW HILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)   |                 |
| OR DIVORCED (write the word)  5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. I HEREBY CERTIFY. That I ettended of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than I day, hrs. or have occurred on the date stated ebove, at hid of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW HILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)  |                 |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than I day, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business In which work was done, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)  | 193.            |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than 1 day, hrs. or min.  8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)  | (Yeer)          |
| 7. AGE Years Months Deys If LESS than I day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)  | locased from    |
| 7. AGE  Years  Months  Deys  If LESS than  I day, hrs.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)  | : death is said |
| 8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at 11. Total time (years)   | , death is said |
| 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc  | Date of onset   |
| 2 10. Date deceased last worked at 11. Total time (years)  |                 |
| year) occupation year  |                 |
| 12. BIRTHPLACE (city or town) Scale Contributory Causes of Importance:  (State or country)   |                 |
| 13. NAME PRECIOS COM   |                 |
| 13. NAME ALL Date of Name of operation Date of October Country Date of October |                 |
| What test confirmed diagnosis? Was there an at   | utopsy?         |
| 15. MAIDEN NAME 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:   |                 |
| 15. MAIDEN NAME  15. MAIDEN NAME  23. If death was due to external ceuses (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?  (State or country)  Where did injury country  | , 19            |
| Where did injury occur?  (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA  | CE.             |
| (Address)  |                 |
| Preparation, or removal Hale Manner of Injury  Nature of injury  Nature of injury  |                 |
| 19. UNDERTAKER Backer & Bus 24. Was disease or injury in eny wey related to occupation of deceased?  |                 |
| 20. FILED Dec 11., 1934 John J. Rely (Signed) - E. (Address) (Address)   |                 |

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis -   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  | <u> </u>      |  |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| nfor-<br>state<br>JPA-   | STATE OF MARYLAND—   | CERTIFICATE OF DEATH 12881   |
|--|--|--|
| infor-<br>state<br>UPA-  | 1. PLACE OF DEATH  | (82-64)  |
|  | County Worcesler   | Registration Dist. No. 35/   |
| irem of should of OCC  | Village or Citylear Girdletree   | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)             |
| × 00 m   | Length of residence in city or town where death occurred   |  |
| Eve  | 2. FULL NAME Omna Clizable otto  | solet  |
|  | (a) Residence: No.   | St., Ward.   |
|  | (Usual place of abode)   | If nonresident give city or town and State   |
| RECO<br>. PH<br>Exact  | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| FA   | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR INVORCED (write the word)  | 21. DATE OF DEATH (Month) (Day) (Year)   |
| MANEN<br>ACTL<br>assifted.   | 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of   | 22.   I HEREBY CERTIFY, That I attended deceased from  |
| RMA<br>X A<br>class  | 0 11 61 151 0  | 2 12 17, 1924, to De 2/, 1924  |
|  | 6. DATE OF BIRTH (month, day, and year) 10 / 86 &  | I last saw h   |
| IS A PEl<br>stated E<br>properly<br>certificate.   | 7. AGE Yaars Months Days If LESS than 1 dayhrs.  | to have occurred on the date stated above, at 10.4m.   |
| FOR IS A stated proper ertific   | 72 3 25 ormin.   | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:                                     |
| SISI   | 8. Trada, profassion, or particular  | Duubligia Die 173  |
| HIS he be be of of   | kind of work done, as SPINNER, Nowlessey, SAWYER, BOOKKEEPER, etc.   | Cause mukusur  |
| K—T<br>lould<br>may<br>back  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.   |  |
| T 25   | SAW MILL, BANK, atc  | Primary Cause : Cerebral Kemoverhagen  |
| 3 1 10 10  | this occupation (month and spent in this occupation  | George   |
| NFADING I<br>NFADING I<br>pplied. AGE<br>erms, so that<br>instructions of  | atilul a   | Other Coutributory Causes of Importance:   |
| DING DING AG so th uctions   | 12. BIRTHPLACE (city or town)  | une  |
| FA]<br>ied<br>ied<br>ns,   | 1  |  |
|  | II 13. NAME William Stolly   |  |
| IMP<br>IN THE ON SURP<br>IN THE SERVING SERV | 14. BIRTHPLACE (city or town)  | Name of operation Date of  |
| HE   | (State of County)  | What test confirmed diagnosis?   |
| Y, WITH carefully H in pla   | 15. MAIDEN NAME Say Splane   | 23. If death was due to external causes (VIOLENCE) fill in also tha following:                                     |
| Y,<br>are<br>H j   | 5 16. BIRTHPLACE (city or town) et fushingely  | Accident, suicide, or homicida? Date of injury, 19   |
| be carr  | State or country Tong Island   | Where dld injury occur?  |
| A Id   | 17. INFORMADING Steingry D. Nousenhour   | (Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
|  | 18. BURIAL CREMATION, OR REMOVAN   | Mannar of injury   |
| SE SE  | Discussing Song Good M. M. Date lec 24, 1934   | Nature of injury   |
| WRITE mation si CAUSE TION is  |  | 74 -   |
| LEOF   | 19. UNDERTAKER ALAMA TO MANAGEMENT AND THE MANAGEME | 24. Was disease or injury in any way related to occupation of deceased?  |
| B  | 20. FILED 12/2/ 1934 REROY Swith   | (Signad) Dun L., Muy M. D  |
| z (T)  | 20. FILED Registrar.   | (Address) Duow Hill. Mrd.  |
|  |  | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | H             | Example II   |               |
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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| HATTER V.S   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| A- te  | STATE OF MARYLAND—   | CERTIFICATE OF DEATH  |
|--|--|---|
| infor-<br>state<br>UPA.                      | 1. PLACE OF DEATH  | (23)  |
|  | County Norcesley   | Registration Dist. Np. 35/  |
| y iten<br>S sh                               | Village or City Edele PO A F D  9 to 10 neiles fram Berow Will  Length of rasidance in city or town where death occurred 1 yrs mos.  | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| CORD. Every<br>PHYSICIANS<br>oct statement   | 2. FULL NAME Cinnil Hancock  |   |
| RECORD. PHYSI Exact stat                     | (a) Residence: Np. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| E PC   | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| ENT<br>TLY<br>ed.                            | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)  The married widowed, or differenced  5a. If marriad, widowed, or differenced  | 21. DATE OF DEATH 1934 (Month) (Day) (Year)   |
| MAN<br>A C<br>assifi                         | HUSBAND of Cor) WIFE of Amooch   | 22. I HEREBY CERTIFY, That I attended deceased from, 19, to   |
| BIN<br>ER<br>EX<br>cl                        | 6. DATE OF BIRTH (month, day, and year) June 7, 1869.  | last saw h aliva on, 19; daath Is sald  |
|  | 7. AGE Yaars Months Days If LESS than  | to have occurred on tha date stated ebove, at   |
| FOR IS A I stated properle                   | 65 6 12 1 day,hrs.   | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  |
| - 70   | 8. Trade, profassion, or particular kind of work dona, as SPINNER, June 2 April 2  | no socior un attendance Date of onset   |
| THI d b d b k o                              | kind of work dona, as SPINNER, James Lottle SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last workad at) this recent in which this recent in the same of the same o | at live of glath or un  |
| ERVI<br>VK-T<br>should<br>it may<br>n back   | SAW MILL, BANK, etc.   | wile Time to line all   |
|  | Spellt III (1113   | died of Pubercelosis 51   |
| RES<br>VG I<br>AGE<br>that                   | year) occupation   | Contributory Chases of important alerenlasis of jultistines   |
| A 1  | 12. BIRTHPLACE (city or town)  | Alouach. Been bed-  |
| MARGIN<br>UNFADI<br>supplied.<br>n terms, so | (State or country)   | redden for over 3 years   |
|  | 13. NAME Celfored & Talemond   | (Out > ) secondary to to beneulasin   |
| E .= 00                                      | 4. BIRTHPLACE (city or town) - Many town   Citate or country)  | Name of operation   |
| H A A  |  | What test confirmed diagnosis? Was there an aulopsy?  |
|  | H / //   | 23. If death was due to axtarnal causes (VIOL ENCE) fill in also the following:   |
| car<br>TH<br>port                            | O 16. BIRTHPLACE (city or town) (State or country)   | Accident, suicide, or homicide? Date of Injury, 19  Where did Injury occur?   |
| PLAINLY, should be can OF DEATH              | 17. INFORMANT David Compacts (Address) Eden Millionia  | (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  |
| 1,40   | 18. BURIAL, CREMATION, OR DEMOVAL  | Manner of Injury  |
|  | Place Illust am Date Nec. 20, 1934   | Nature of injury  |
| HOH LEOH                                     | 19. UNDERTAKER Learne & Jennison (Address) Snow Hill Miles   | 24. Was disaase or injury In any way ralated to occupation of deceased?  If so, specify   |
| v. s. y                                      | 20. FILED 13/19, 1934 LERoy Secreta  | (Signed) RECon Smith, K Reg & No.   |
|  | If more blanks are needed, address State Registrar,  | 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.  |

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| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ~ 0 1  | ADDITIONAL SPACE     | EOR FURTHER ST | ATEMENTS BY | PHYSICIAN       |                 |
|--------|----------------------|----------------|-------------|-----------------|-----------------|
| Thus.  | old couple have      | Leer ou"       | rellfare:   | "for 10 to 12 4 | ues and         |
| Lece V | relief lede whoru    | eed mes a      | · pppned    | Vis mothers Da  | of any Topenson |
| ue &   | red for over 3 years | weak ein       | accalid     | condition       | - suffering     |
| Frace  | e 7, B. of Alawach.  | 0 0            | 0           | 0 0 "           |                 |
|        |                      | a Eloy         | pereth      | 1. Reg # 3      | 6/,             |

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH of bluods Registration Dist. No. item Village or City If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city How long in U.S. if of foreign birth? PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DLVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced BINDIN HUSBAND of I HEREBY CERTIFY That I attended deceased from (or) WIFE of 5 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months **Oavs** If LESS than to have occurred on the date steted above, at ..... 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. jo SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Daté deceased last worked at 11. Total time (years) this occupation (month and spent in this that instructions occupation \_\_\_\_ MARGIN (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation. plain (State or country) efully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME important II 23. If death was due to external causes (VIOLENCE) fill in also the following: car Accident, suicide, or homicide?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_ 19 DEATH 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation LION Nature of Injury\_\_\_\_ 24. Was disease or injury In any way related to occupation of deceased? 19. UNOERTAKER If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Perilonitis  | 3 days ago    |  |
| BUREAU V   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
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MARGIN RESERVED

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| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  | Harris III    |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|            |       |     |         |            |    |           |

|          | state<br>UPA-                        | STATE OF MARYLAND—   | CERTIFICATE OF DEATH 13880   |
|----------|--------------------------------------|--|--|
|          | sta<br>UP                            | 1. PLACE OF DEATH  | WITHIN CARPORATE DIME  |
| 4        |                                      | count Nancesley o  | Registration Dist. No.   |
| /        | should<br>f OCC                      | Village or City Pococco be terty   | 7 No. Ledar St., War   |
| ( :      | 9                                    | 7 /01  | death occurred in a hospital or institution, give its NAME instead of street and number)                         |
| 1        | IN S                                 | Length of rasidance in city or town where death occurredmos  | ds. How long In U.S. if of foreign birth?yrsmosd   |
|          | YSICIANS<br>statement                | 2. FULL NAME do to tursor  |  |
|          | SIG<br>tat                           | (a) Residence: No. Cedar Street  | St., Ward.   |
| • ECOBD  |                                      | (Usual place of abode)   | If nonresident give city or town and State   |
| E C      | Exact                                | PERSONAL AND STATISTICAL PARTICULARS  3. SEX. 4 COLOR OR RACE   S. SINGLE MARRIED WIDOWED  | MEDICAL CERTIFICATE OF DEATH   |
| F F      | Z X X                                | 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the ward)  | 21. DATE OF DEATH SEC 4 193 4  |
| 5 2      | ed.                                  | 5a. If married, widowed, or divorced   | (Month) (Day) (Year)   |
| ZI Z     | A C T L<br>assified.                 | HUSBAND of<br>(or) WIFE of   | 22. I HEREBY CERTIFY. That I attended deceased fro   |
| Z        | X A Class                            | jourske  | , 19, to, 19,  |
| BIND     |                                      | 6. DATE OF BIRTH (month, day, and year) \www. 6 18 4 3   | I lest saw h elive on, 19; death is sa   |
| -        | ed<br>fica                           | 7. AGE Yaars Months Days If LESS than  | to have occurred on the date steted above, at / _ m. no further info   |
| OR       | stated E<br>properly<br>certificate. | 41 0 28 1 day,hrs.   | Tha PRINCIPAL CAUSE OF DEATH and related causes of importance mation cause were as follows:                      |
| H (      | n                                    | 8. Trade, profession, or perticular kind of work done as SPINNER   | Was called to Cudertakers  |
| 됩        | be pe                                | Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc   | Establishment to view >  |
| 3        | ould<br>may<br>back                  | 9. Industry or businass in which work wes done, es SILK MILL, SAW MILL, BANK, atc  | examine body . Throw Luce  |
| E H      | sho<br>it n<br>on b                  | U 1D. Date dacaased last worked at Ale . 11. Total time (years)  | her in life I Fram ticles  |
| RESERVED | 10 40                                | this occupetion (month and 934 spent in this occupetion Secupetion | obtained of simuldiale severe  |
| . 7      | supplied. AGI<br>in terms, so tha    | Parate   | Other Contributory Causes of importance: seekeely 2 dover  |
| Zi z     | l. so<br>uct                         | 12. BIRTHPLACE (city or town).   | will would kay teg   |
| ARGIN    | supplied<br>n terms,<br>ee instri    | 13. NAME Coling Verten   | alush was from a require   |
| 3        | upplie<br>termi<br>e inst            | I (15) . W   | Canal Jake replication   |
| A h      | y sı<br>ain<br>Se                    | 14. BIRTYPEACE (city or town)  | What tast confirmed diagnosis? Was there an autopsy?   |
|          |                                      | 15. MAIDEN NAME CHANGE AND SEE THE   |  |
|          | 2. 10                                | I P  | 23. If death was due to axtarnal causas (VIOL ENCE) fill in also tha following:  Accident, suicide, or homicide? |
|          | can<br>TTH<br>port                   | State or country)  | Where did Injury occur?  |
| 2        | be EA                                | He to a Death  | (Specify city or town, county and State)   |
| A Id     | should<br>OF D                       | 17. INFORMANT (Address)  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 0        | shou<br>OF                           | 18. BURIAL, CREMATION, OR REMOVAL Version Control  | Manner of injury   |
| (I)      | 国国语                                  | Place yardlawy Cesses Dec 6, 1934  | Nature of injury   |
| Ug       | mation<br>CAUSI<br>TION              | COMP PURSON  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 0.1      | HOH                                  | 19. UNDERTAKER (Address)   | If so, specify   |
| Zi p     | ė _                                  | Destination of the   | (Signed) Alabartar. M  |
| > 2      | (7)                                  | 20. FILED Registrar.   | (Address) Joeomuske Cel, Mid.  |
| o'       | 0                                    |  | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |
|          |                                      |  |  |

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| BUREAU V   |                |  |               |  |
| Other contributory causes of importance:                                       | and the second | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923     | Gastroenteritis  | 1 year        |  |
|  |                |  |               |  |
|  |                |  |               |  |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | Al |
|---|----|
|---|----|

# STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH  |   |
|--|---|
| County Workster.   | Registration Dist. No. 35%  |
| Village or City Geean Cety   | No. St. War   |
| Length of residence in city or town where death occurred   | (If death occurred in a hospital or institution, give its NAME instead of street and number)  |
| 12   | ds. How long in U.S. if of foreign birth?yrsmosd  |
| 0  | andmon  |
| (a) Residence: No. O elan ety (Usual place of about)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW  | ED, 21. DATE OF DEATH   |
| Male White OR DIVORCED (write the  | (Month) (Day) (Year)  |
| 5a. If married, widowad, or divorcad<br>HUSBAND of   |   |
| (or) WIFE of Masy Vinnams  | 22.   HEREBY CERTIFY, hat I attended deceased fro   |
| d. On 1 1 1 d. 1   | 1 100 24 21/  |
| 6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS                          | than theva occurred on the date stated above, at T, m,  |
| 7 d G 7 3 1 day,   | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance   |
| 8. Trade, profession, or particular  | in. were as follows Date of one   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BDOKKEEPER, etc.   | Talkerels March   |
|  |   |
| SAW MILL, BANK, etc  |   |
| 2 1D. Data deceased last worked at this occupation (month and 1930 spent in this occupation cocupation |   |
| mad  | Dther Contributory Causes of importance;  |
| 12. BIRTHPLACE (city or town) (Stata or country)   | Sales Harris  |
| 13. NAME Rudus Kinnsnen  | - Jacoby reg  |
| Oct d  |   |
| (State or country)   | Name of operation Dete of   |
| 15. MAIDEN NAME THAT IS A SECOND   | What tast confirmed diagnosis?  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)   | Author State Control of the Control |
| State or country)  | Where did injury occur?   |
| 17. INFORMANT Mrs Mary Kenmans   | (Specify city or town, county on State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.   |
| (Address) Deadh city jud   | Home  |
| 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury Tell down Sacro  |
| Place Lougheller Date Ver db, 1  | 34 Nature of injury Trackers Tup  |
| 19. UNDERTAKER G. W. 13 whas   | 24. Was diseasa or injury In any way related to occupation of decased?  |
| (Address) / Bushing marks  | If so, specify  |
| 20, FILED 12/26 1924 9 & Milling   | (Signed) M.   |
| 9 - Regist   | rar. (Address)/ Lean Cl   |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

B.—WRITE PLAINLY,

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| BUREAU V. S  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
| o'   |               |  |               |
|  |               |  |               |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------------|---------|------------|----|-----------|
|----------------------|---------|------------|----|-----------|

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

| STATE OF MAR  | YLAND-                              | CERTIFICATE   | OF DEA              | ATH 1                   | 2557            |
|---|-------------------------------------|---|---------------------|-------------------------|-----------------|
| 1. PLACE OF DEATH   |                                     | 8   |                     |                         |                 |
| county Worcesfel  | · <b>K</b>                          |   | Registration        | Dist. No.               | 257             |
| Village or City Pear Smow Hal   |                                     | No  |                     | St.,                    | Ward            |
| Length of residence in city or lown where deeth occurred  |                                     | death occurred in a hospital or institution ds. How long In U.S. if o |                     |                         |                 |
| 2//   | Il all                              | de la la la la la la la la la la la la la                             | i toreiRu purrut""" | yi3                     | 1102            |
| 2. FULL NAME RICARDY  | gully                               |   |                     |                         |                 |
| (a) Residence: No. (Usual place   | () V                                | St.,Ward.   | If nonresident      | give city or town an    | d State         |
| PERSONAL AND STATISTICAL PART   |                                     | MEDICAL C   |                     | OF DEATH                | o orașe         |
|   | RRIED, WIDOWED. ED (write the word) | 21. DATE OF DEATH   |                     | 1294                    | 193 4           |
| la. If married, widowed, or divorced<br>HUSBAND of  |                                     |   | (Month)             | (Day)                   | (Year)          |
| HUSBAND of (or) WIFE of   |                                     | 22. I HEREBY  | CERTIF              | Y, That I attended      | deceesed from   |
|   | 1000                                |   |                     |                         |                 |
| DATE OF BIRTH (month, day, and year)  | 1434                                | I last saw h alive on   |                     | , 19                    | ; death is said |
| . AGE Yeers Months Deys   | If LESS than I day,hrs.             | to have occurred on the date state                                    |                     | m.                      |                 |
|   | ormin.                              | The PRINCIPAL CAUSE OF DEAT were as follows:                          | n and related caus  | es of importance        | Data of onset   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   |                                     | Me - 1 for  |                     | 0 =                     | -               |
| 9. Industry or business in which  |                                     | 1000  | The s               | 0                       |                 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at his occupation (month and |                                     | Nay 10 mis  | Photo Little        | fla                     |                 |
| 1 this occupation (month and 2 ) 301  | time (yeers)                        | no Doctor   | 1111                | 110110                  | 00110           |
| year) occ   | upation                             | Other Contributary Causes of Impo                                     | rtance.             |                         |                 |
| 2. BIRTHPLACE (city or town)  | /                                   |   |                     |                         |                 |
| (State or country)  |                                     |   |                     |                         |                 |
| 14. BIRTHPLACE (city or town)   | 1                                   |   |                     |                         |                 |
| 14. BIRTHPLACE (city or town)   |                                     | Name of operation   |                     | Date of                 |                 |
| (State of country)  | 1                                   | What test confirmed diagnosis?  |                     | Was there an            | eutopsy?        |
| 15. MAIDEN NAME   | achamp                              | 23. If death was due to externel cau                                  | ses (VIOL ENCE) fil | II in elso the followin | g:              |
| 16. BIRTHPLACE (city or town)   |                                     | Accident, suicide, or homicide?                                       |                     | Date of injury          | , 19            |
| (State of Edition)  | 12/1                                | Where did injury occur?   | (Specify city or    | town, county and Sta    | ite)            |
| (Address)   | y mol                               | Specify whether injury occurred in                                    | iNDUSTRY, in HO     | ME, or in PUBLIC PI     | ACE.            |
| B. BURIAL, CREMATION, OR REMOVAL  | Manner of injury                    |   |                     |                         |                 |
| Place Date Date   | 193/-                               | Nature of injury  |                     |                         |                 |
| UNDERTAKER Same Ha  | W mo                                | 24. Was disease or Injury in any wa                                   | ay related to occup | ation of deceased?      | 0               |
| 0. FILED 12/55 , 19 34 RE Loy &   | Registrar.                          | (Signed) FE (S  | y Du                | eth &                   | ol M.D.         |
| If more blanks are needed,  | address State Registrar,            | 2411 N. Charles Street, Baltimore, Rec                                | questing U. S. No.  | 1.                      |                 |

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|---------------|---|---|
|               | of importance were as follows:                  | Date of onset   |
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| 1921          | Run over by street car                          | 1 week ago  |
| July 5, 1927  | Peritonitis                                     | 3 days ago  |
|               |   |   |
|               | Other contributory causes of importance:        |   |
| May 1,1923    | Gastroenteritis                                 | 1 year  |
|               |   |   |
|               | 1921<br>July 5,1927                             | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|            |       |     |         |            |    |           |

|          | state<br>UPA.  |  |                                 | RYLAND-                                  | CERTIFICATE OF DEATH  | 199             |
|----------|--|--|---------------------------------|--|---|-----------------|
| X        |  | 1. PLACE OF DEATH  | cester                          | 10 0 1                                   | (200-0) Registration Dist. No.  | 50              |
|          | item of<br>should<br>of OCC                                  | Village or City La   | comol                           | se let                                   | No. 724 64, St.,  death occurred in a hospital or institution, give its NAME instead of street and no   | Ward            |
| (p)      | Every<br>CIANS<br>tement                                     | 2. FULL NAME  (a) Residence: No.   | or town where deeth occurred    |  | s. How long in U.S. if of foreign birth? yrs. mos   | s,ds            |
|          | RECORD. PHYSI Exact state                                    | PERSONAL AND   | STATISTICAL PAR                 |  | If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH   | Male            |
| Rig      | ENT RE<br>FLY.<br>ed. Exa                                    | 3. SEX 4. COLOR Of the color of | or RACE S. SINGLE, M. OR DIVORG | ARRIED, WIDOWED,<br>CED (write the word) | 21. DATE OF DEATH (Month) (Day)   | 193             |
| BINDIN   | EXAC'EXAC'y classifite.                                      | (or) WIFE of   | n.                              |  | 22. I HEREBY CERTIFY, That t attended d   | eceased from    |
| FOR BI   | IS A PER<br>stated E ;<br>properly certificate.              | 6. DATE OF BIRTH (month, day, a 7. AGE Years   | Months Deys                     | 28-34<br>If LESS than<br>1 day,hrs.      | I last saw h alive on, 19, to have occurred on the date stated above, at dead m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance   | ; death is said |
| 70       |  | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.   | R, etc.                         | ormin,                                   | Do not know<br>child died while when  | Date of onsat   |
| RESERVED | INK—T<br>E should<br>it it may<br>on back                    | work was done, as SIL SAW MILL, BANK, etc.  10. Date deceased lest worke this occupation (month  | d at 11. Tota                   | I time (years)                           | It was a Gall-time child.   |                 |
|          | NFADING I<br>oplied. AGE<br>erms, so that<br>instructions of | 12. BIRTHPLACE (city or town) (State or country)   | o como                          | lea teety                                | Other Contributory Causes of Importance:  |                 |
| MARGIN   | D = 2 "  | 13. NAME  14. BIRTHPLACE (city or town  (State or country)   | Oglitho                         | there ite                                | Name of operation   |                 |
|          | -= co  | (State of Country)   | Georg                           | ria                                      | What test confirmed diagnosis? Was there en eu  | rtopsy?         |
| 1        | W refu   | 15. MAIDEN NAME  16. BIRTHPLACE (city or town  (State or country)  | , Pocomo                        | he Centy                                 | 23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  |                 |
| •        | A DIO V  | 17. INFORMANT (Address)  | lie B. Sp                       | in this                                  | Where did injury occur?(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Specify city or town, county and State  Specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and city or town, county and city or town, county and city or town, county and city or town, county and city or town, county and city or town, county and city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or town, city or tow | CE.             |
| 1        | 三 四 音  | 18. BURIAL CREMATION, OR REM   | DVAL Date L                     | 2 3 ,1934                                | Manner of injury  |                 |
| . No. 1  | B.—WRI<br>matior<br>CAUS<br>TION                             | 19. UNDERTAKER PALE (Address)  | on Poter                        | ty med,                                  | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) John T, Rele. Regust  |                 |
| ><br>2,  | zi (T)   | 20. FILED Dec. 31, 19.   |                                 | Registrar.                               | (Address) Power Company (Address) Power Company (Address) Power Company (Address Street, Baltimore, Requesting V. S. No. 1.   | mal             |
|          | ( )  |  | as more seams are needed        | , address State Registrar,               | 2411 11. Unaries Street, Dattimore, Requesting "U. S. No. 1.  |                 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Exam  | ple I              | - I           | Example II   |               |
|---|--------------------|---------------|--|---------------|
| The principal cause of death a of importance were as follows: | and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis  |                    | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis                                | 486 9 TCC          | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage   |                    | July 5, 1927  | Peritonitis  | 3 days ago    |
|   | BEDDEATI V         | C III         |  |               |
|   | S. Souries         |               |  |               |
| Other contributory causes of i                                | mportance:         |               | Other contributory causes of importance:                                       |               |
| Gallstones  |                    | May 1,1923    | Gastroenteritis  | 1 year        |
|   |                    |               |  |               |
|   |                    |               |  |               |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | 34   |
| County Workship   | Registration Dist. No. 357   |
| Village or City Mear Firstlitus                                   | No. St., War   |
| Length of residence in city or town where death occurred was more | death occurred in a hospital or institution, give its NAME instead of street and number)   |
| ( t. )  | yrsmosd  |
| G   |  |
| (a) Residence: No. (Usual place of abode)                         | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS                              | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)              | 21. DATE OF DEATH Dec / 193 4  |
| 5a. If married, widowad, or divorced                              | (Month) (Oay) (Year)   |
| (or) WIFE of  | 22. 1 HEREBY CERTIFY. That I attended daceased fro   |
| 0+30 1031   | 1994, to 1994  |
|   | to have occurred on tha data stated above, atm.  |
| 1 ahrs.   | The PRINCIPAL CAUSE OF DEATH end related causes of importance  |
| 8 Trade profession or particular                                  | Date of ones   |
| SAWYER, BOOKKEEPER, etc   |  |
| 9. Industry or business in which work wes dona, as SILK MILL,     | /  |
| SAW MILL, BANK, etc   |  |
| - Shellf III fill?  |  |
| Gir aleta.  | Other Cantributary Causes of importanca:   |
| (State or country)  |  |
| a 13. NAME Otis maser   |  |
| 14 BIRTHPLACE (city or town) Stockton                             | Name of operation  |
| (State of Country)  | What tast confirmed diagnosis? Wes there an autopsy?   |
| 15. MAIDEN NAME Tertrude Vudson                                   | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |
| 16. BIRTHPLACE (city or town) Euralitus 7                         | Accident, suicide, or homicide? Date of injury, 19   |
| (Stata or country)  | Where did injury occur? (Specify city or town, county and State)   |
| 17. INFORMANT Olis Nysson   | Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  |
| BULLING   |  |
| 860 \$/.10  | Manner of injury   |
| //                          | Nature of injury   |
| 19. UNUERIARER  | 24. Was disease or injury in any way related to occupation of deceased?  |
| 1781 348 8 141  | (Signed) Dill Miles  |
| 20. FILEO 19 7 LEL ay Pulled. Registrar.                          | (Address) Divi Auf my  |
|   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.   |
|   | 1. PLACE OF DEATH  County Workship  Village or City. Max. Suralities  Length of residence in city or, town where deeth occurred.  2. FULL NAME AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGE, MARRIED, WIDOWED, OR DIVORCED Comic the word)  Sa. It married, widowad, or divorced (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than the word of work done, as SPINNER, SAWYER, BOOKKEPFR, etc.  9, Industry or business in which work west done, as SPINNER, SAWYER, BOOKKEPFR, etc.  9, Industry or business in which work west done, as SILK MILL, SAW MILL, BARN, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOYAL  Place  Place  Place  Place  Place  Place  Place  Place  Registrat.  

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I  | 1             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

V. S. No. 1

| County 10   | rcester  |                    |                                     | Registration Dist. No.   |
|---|--|--------------------|-------------------------------------|--|
| Village or City   | Pocomoke   | City,R.            | F.D.# 2                             | No. St., Ward  |
| Length of residence   | in city or town where                              | death occurred     | (II)<br>yrsmos                      | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?                    |
| 2. FULL NAME  | James Her  | ary Mear           | ° S                                 |  |
| (a) Residence: N  | lo   |                    |                                     | St., Ward.   |
| PERSONAL  | AND STATIST  | (Usual place       |                                     | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. 6   | color or RACE White                                | 5. SINGLE, MA      | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH December 18th 193 4  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie lears  |  |                    |                                     | (Month) (Day) (Year)  22. I HEREBY CERTIFY, Thet I attended deceased from  |
| 5. DATE OF BIRTH (mont  | 1  |                    |                                     | I last saw h_imemech_December 18, 19.34; death is said   |
| 7. AGE Years 54   | Months<br>10                                       | Days<br>29         | If LESS than 1 day,hrs. ormin.      | to have occurred on the date stated above, at A. D.Q.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset |
| 8. Trade, profession,<br>kind of work of<br>SAWYER, BOO<br>9. Industry or busin   | or particular<br>lone, as SPINNER,<br>KKEEPER, etc | Tarmer             |                                     | From information I could get from his family the deceased has had  |
| kind of work of SAWYER, BOO  9. Industry or busin work was done SAW MILL, BA  10. Date deceased las this occupetion year) | t worked at Dec                                    | 18 11. Total sp    | time (yeers)<br>ent in this Life    | Fpileptic Fits for number of years<br>Dr. N. E. Sartorius has treated him for<br>the same disease a number of times.                                   |
| 2. BIRTHPLACE (city or t<br>(State or country)  | own) Accoma  | c Count            | y                                   | Other Contributory Causes of importance:  -and acting as Cororner from informs   |
| 13. NAME GEO  | rge lears  |                    | ntv                                 | Not Necessary  |
| (State of coun  | try) Virg  | rinia.             |                                     | What test confirmed diagnosis? Was there an autopsy?T  |
| 15. MAIDEN NAME   | Sarah 'e   |                    |                                     | 23. If deeth was due to external causes (VIOLENCE) fill in elso the following:   |
| 15. MAIDEN NAME 16. BIRTHPLACE (city (State or coun   | try) Virg  | ginia.             | nty                                 | Accident, suicide, or homicide?  |
|   | moke Cit;  |                    | and.                                | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  |
| 8. BURIAL, CREMATION,   | emetery<br>oke Cin                                 | Pate Dec           | 20th,1934                           | Manner of injury   |
| 19. UNDERTAKER LLA<br>(Address) OC  | more Cit   | Lever<br>y, lary l | and.                                | 24. Wes disease or Injury in any way related to occupation of deceased?  |
| 20. FILED Dee. 2  | , 19.3 4   | for 5.             | Registrar.                          | (Signed) When I. Reley. Justice of the Peace, acting a   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
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| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| JAN 2 165  | 1             |  |               |  |
| Other contributory causes of importance:                                       | 45            | Other contributory causes of importance:                                       | -71211 2      |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAL | N |
|------------|-------|-----|---------|------------|----|-----------|---|
|------------|-------|-----|---------|------------|----|-----------|---|

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.

BINDIN

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Date of onset | The principal cause of death and related causes                                |   |
|---------------|--|---|
|               | The principal cause of death and related causes of importance were as follows: | Date of onset   |
| 1915          | Attack of epilepsy   | 1 week ago  |
| 1921          | Run over by street car   | 1 week ago  |
| July 5, 1927  | Peritonitis  | 3 days ago  |
|               |  |   |
|               | Other contributory causes of importance:                                       |   |
| May 1,1923    | Gastroenteritis  | 1 year  |
|               |  |   |
|               | 1915<br>1921<br>July 5,1927  | 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance: |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|----------------|--------|---------|------------|----|-----------|

V. S. No. 1

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH 12892  |
|---|---|
| 1. PLACE OF DEATH   | (46)  |
| County Warlester  | Registration Dist. No. 3 42   |
| Village or City / Durlin Md   | No. St., Ward   |
| Length of residence in city or town where deeth occurred Royrs mos.   | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Marigarit & Mich   | 1. H-   |
| 131   | <u> </u>  |
| (a) Residence: No. (Usualplace of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word   | 21. DATE OF DEATH   |
| Hemale White Widow  | (Month) (Day) (Yaar)  |
| 5a. If married, widowed, or divorcad HUSBAND of   |   |
| (or) WIFE of Geo. W. Mithlett   | 220 I HEREBY CERTIFY That I attended daceased from 1934, to 15.   |
| 6. DATE OF BIRTH (month, day, and year)   | I last saw heat alive on 4 5 , f9 3 4; death is said  |
| 7. AGE Yaars Months Days If LESS than   | to have occurred on the date stated ebove, at   |
| 80 3 23 f day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  |
| 8 Trade profession or particular  | Date of onset   |
| SAWYER, BOOKKEEPER, etc.  | Cancer on Stomach 1834  |
| 9. Industry or business In which work was done, es SILK MILL,   |   |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass In which work was done, es SILK Mill., SAW MILL, BANK, atc |   |
| this occupation (month end spent in this occupation   |   |
| 12. BIRTHPLACE (city or town) Md  | Other Coatributory Causes of importence:  |
| (State or country)  |   |
| 13. NAME Coharles Morves  |   |
| 13. NAME CONUMBER 10 PORCES  14. BIRTHPLACE (city or town) MICE.  (State or country)  | Neme of operation More Data of  |
| (State of Country)  | What tast confirmed diagnosis? Was there an autopsy?  |
| 16. BIRTHPLACE (city or town)   | 23. If daath was dua to external causes (VIOLENCE) fill in also the following:  |
| 16. BIRTHPLACE (city or town) TMd   | Accident, suicide, or homicide?   |
| (State or country)  | Whare did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT Mis Jenge Cayne   | Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.   |
| (Addrass) Burlin Had  |   |
| Place Maley Wills Date Dec. 13.1934   | Mannar of injury  |
|   | Neture of injury  |
| 19. UNDERTAKER (Address)  | 24. Wes disease or injury in any way ralated to occupation of deceased?   |
| 1860 12 34 O DE M. O  | (Signad) ( a Holland M.D.   |
| 20. FILED NELL 19, 1904 A Male of Registrar.  | (Address) Berlin md   |
|   | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
|  | 3             |  |               |
| Other contributory causes of importance:                                       | M             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|            |       |     |         |            |    |           |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example 1  | Example II    |  |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |  |
| La Convergence   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | ADDITIONAL | L SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--|------------|---------|-----|---------|------------|----|-----------|
|--|------------|---------|-----|---------|------------|----|-----------|

V. S. No. 1 N. B.—I

| 2. FULL NAME  (a) Residence: No. Year Gurling (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  YMARKED (Month)  1. DATE OF DEATH  2. DATE OF DIRTH (month, day, end yeer)  AGE  Years  Months  Days  II LESS than 1 day, hrs. or. min.  8. Trada, profession, or particuler kind of work done, as SPINNER, SANYER, BOUNKEER, etc.  9. SANYER, BOUNKEER, etc.  10. Date deceased lest worked at the sound of the spirit in this yeer)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  Where add diagnost of importance:  Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  New BUILL BANK C.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  New BUILLING, or town, country and State  Whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  17. INFORMANT Mar.  18. BUILLING, PERSONALA  18. BUILLING, PERSONALA  19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. BUILLING, PERSONALA  19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  | 1. PLACE OF DEATH  | TERTIFICATE OF DEATH 12894  |
|--|--|---|
| Village or City.  Length of residence in city or town where death occurred. L. 5 yrs   | county Worcesles   | Registration Dist No. 3 4 9   |
| 2. FULL NAME  (a) Residence: No. Near County  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVOSCED (**erric the word)  OR DIVOSCED (**erric the word)  The private, widowed, or divorced HUSSANO or down and State or divorced HUSSANO                       | Village or City Hriendslig.  | No. St. Ward  |
| (a) Residence: No. The Particulary (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (emire the word)  5a. It merried, widowed, or divorced Husbardo of (cr) Wire of Journal of Work (Day)  5a. It merried, widowed, or divorced Husbardo of (cr) Wire of Journal of Work (Day)  5b. It merried at the profession, or particular of the word of the work on the date stated abova, as \$100 mm.  5c. Trada, profession, or particular wire of work were done, as \$11K mill.  5c. SAYVER, BOOKKEPER, etc.  5c. Industry or business in which work were done, as \$11K mill.  5c. SAYVER, BOOKKEPER, etc.  5c. Industry or business in which work were done, as \$11K mill.  5c. SAYVER, BOOKKEPER, etc.  5c. Industry or business in which work were done, as \$11K mill.  5c. SAYVER, BOOKKEPER, etc.  5c. Industry or business in which work were done, as \$11K mill.  5c. SAYVER, BOOKKEPER, etc.  5c. Industry or business in which work were done, as \$11K mill.  5c. Sayver, and the date stated abova, as \$100 mm.  5c. Industry or business in which work were done, as \$11K mill.  5c. Sayver, and the date stated abova, as \$100 mm.  5c. Industry or business in which work were done, as \$11K mill.  5c. Sayver, and the date stated abova, as \$100 mm.  5c. Industry or business in which work were done, as \$100 mm.  5c. Industry or business in which work were done, as \$11K mill.  5c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which work were done, as \$100 mm.  6c. Industry or business in which were done in the date | Length of residence in city or town where death occurred   | sds. How long In U.S. if of foreign birth?yrsmosds.                     |
| 3. SEX 3. SEX 4. COLOR OR RACE Solution  OR DIVORCED (write the word)  Solution  OR DIVORCED (write the word)  Solution  Or Divorced HUSBAND  HUSBAND  AGE Years  Months  Days  If LESS than 1 day. hrs.  1 day. hrs.  1 day. hrs.  Solver, BOOKKEPER, etc.  9. Industry or business in which work west done, as SPINKER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work west done, as SILK MILL, SAWHEL, BOOKKEPER, etc.  10. Date deceased lest worked at this occupation month and yeer)  12. BIRTHPLACE (city or town)  (Stete or country)  May  14. BIRTHPLACE (city or town)  (Stete or country)  May  15. MAIDEN NAME  Free Process  A Country  Accident, suicida, or homicide?  Whet test confirmed diagnoss  Accident, suicida, or homicide?  Whet did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   | (a) Residence: No. near Barlin, ml   | · St., Ward.  |
| So. If merried, widowed, or divorced HUSBAND of (or) WIFE of Government of the World (or) WIFE of Government of the Wisband of (or) WIFE of Government of the Wisband of (or) WIFE of Government of the Wisband of (or) WIFE of Government of the Wife of Government of                        | PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 5.9. If merried, widowed, or divorced HUSBARD of (or) WIFE of John Months Parents of Corp. WIFE of John Months Days If LESS than 1 day. hrs. of min.  6. DATE OF BIRTH (month, dey, end yeer) John Will LESS than 1 day. hrs. of min.  6. DATE OF BIRTH (month, dey, end yeer) John Will LESS than 1 day. hrs. of min.  6. DATE OF BIRTH (month, dey, end yeer) John Will LESS than 1 day. hrs. of min.  6. DATE OF BIRTH (month, dey, end yeer) John Will LESS than 1 day. hrs. of lays and lays a live on Date 3 death of have occurred on the date stated abova, and the lays and lays a live on Date 3 death of have occurred on the date stated abova, and lays and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 3 death of have occurred on the date stated abova, and lays a live on Date 4 death of have occurred on the date stated abova, and lays a live on Date 4 death of have occurred on the date stated abova, and lays a live on Date 4 death of have occurred on the date stated abova, and lays a live on Date 4 death of have occurred on the date stated abova, and lays a live and lays and l                       | CR DIVORCED (corrice the word)   | Lecember I 193 4  |
| 7. AGE Years Months Days If LESS than Iday, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Dete deceased lest worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Steta or country)  13. NAME Simpson Davis.  14. BIRTHPLACE (city or town)  (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Steta or country)  17. INFORMANT Mrs.  18. BILDIAL (SEMATION OR DEMOVAL)   | HUSBAND of   |   |
| 7. AGE Years Months Days If LESS than Iday. hrs. or min.  8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes dona, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Dete deceased lest worked at this occupation (month and year) spant in this year)  12. BIRTHPLACE (city or town). (Stete or country)  13. NAME Suppose Davis.  14. BIRTHPLACE (city or town). (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Many January. (Stete or country)  17. INFORMANT As Davis.  18. BIRDAL CEMATION OR DEMOVAL   | 6. DATE OF BIRTH (month, dev. end veer)  | I las law her alive on Dec 3 134 death is said                          |
| 8. Trada, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year) occupation.  12. BIRTHPLACE (city or town) Other Contributory Causes of Importence:  13. NAME Super Davis.  14. BIRTHPLACE (city or town) Pate of (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Mary Lawy Services of Importence:  27. Identify the steta of the steta causes of Importence:  28. Trada, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  29. Industry or business in which work west done, as SPINNER, SAWYER, BOOKKEEPER, etc.  20. Industry or business in which work west done as SPINNER, SAWYER, BOOKKEEPER, etc.  21. Date of Causes of Importence:  22. BIRTHPLACE (city or town) Pate of Operation Opera                       |  | to have occurred on the date stated ebova, a 5-30/m.                    |
| 8. Trada, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEPFE, etc.  9. Industry or business in which work was dona, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and yeer)  |  | war a fellow :  |
| SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and peer)  11. Totel time (years) spant in this year)  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BIRTHPLACE (city or town) (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT MAS.  18. BIRTHPLACE (CITY or town) (Stete or country)  17. INFORMANT MAS.  18. BIRTHPLACE (CITY or town) (Stete or country)  18. BIRTHPLACE (CITY or town) (Stete or country)  19. Whet test confirmed diagnosis (VIOLENCE) BH in also the following: Accident, suicida, or homicide?  19. Specify city or town, country and State)  19. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BIRTHPLACE (CIRY or town) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  | 8 Trade profession or particular   | 1 S-1-19  |
| 12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  18. BIRTHPLACE (city or town)  (Address)  18. BIRTHPLACE (CITY or town)  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.   | SAWYER, BOOKKEEPER, etc.   | adens carcusma:   |
| 12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  18. BIRTHPLACE (city or town)  (Address)  18. BIRTHPLACE (CITY or town)  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.   | 9. Industry or business in which work wes dona, es SILK MILL,  | Thrimary seat : Cervif reteris.   |
| 12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  18. BIRTHPLACE (city or town)  (Address)  18. BIRTHPLACE (CITY or town)  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.   | 3AW MILL, BANK, etc  | · Cusso   |
| 13. NAME Super Davis.  14. BIRTHPLACE (city or town) (Steta or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Steta or country)  17. INFORMANT (Steta or country)  18. BIRTHPLACE (city or town) (Steta or country)  18. BIRTHPLACE (city or town) (Steta or country)  19. Whet test confirmed diagnosis (VIOLENCE) filt in also the following: Accident, suicida, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  | this occupation (month and   |   |
| (Stete or country)  13. NAME Suppose Davis.  14. BIRTHPLACE (city or town) Maryland.  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Maryland.  (Stete or country)  17. INFORMANT Maryland.  (Address) Friends Or Femoural  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  | manday.  | Other Contributory Causes of Importence:                                |
| 13. NAME Support Davis.  14. BIRTHPLACE (city or town)   |  | abstractité 1051  |
| Whet test confirmed diagnosis as there en eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  18. BIRDIAL CORMATION OR DEMOVAL  | 13. NAME Simbson Davis.  | Consugsius 1930   |
| Whet test confirmed diagnosis as there en eutopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  18. BIRDIAL CORMATION OR DEMOVAL  | E WOOTHINGS OF THE STATE OF THE | Name of autobios  |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  18. BIRTHPLACE (city or town) (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  | (Steta or country)   | - de-lacation 5   |
| Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT   | 15. MAIDEN NAME Free name  |   |
| Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT Mr. Howard Crauth.  (Address)  Araudaliy  18. RIPIAL CREMATION OR REMOVAL   | I 16 RIPTHPI ACE (city or town) Mary Ou and.   |   |
| (Specify city or town, county and State)  17. INFORMANT MA. Journal Print. Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address) Argundaling MA.  18. RIPIDIAL CORMATION OF DEMOVAL   | (Stete or country)   |   |
| 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury   |  | (Specify city or town county and State)                                 |
|  | 18. BURIAL, CREMATION, OR REMOVAL  | Manner of Injury  |
| Place Evergreen Com : Deta Nec . 5, 19 34 Neture of injury   | Place Evergreen Com Deta Nec. 3, 1934  |   |
| 19. UNDERTAKER 9. W. Burbage 24. Was disease or injury In any way releted to occupation of deceased? NO (Address) 3 urbin and if so, specify 1   |  | 24. Was diseese or injury In any way releted to occupation of deceesed? |
| 20. FILED Dec 5., 19.3.4 I My forest (Signed Bank) Level (Address) Phillselle M  If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.  | All Registrar.   | (Signed Bank Jeys M. D. (Address) Hillards ml.                          |

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.-The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| JAN 3 1935   | 1.1           |  |               |
| TOP VITUE  | 11            |  |               |
| Other contributory causes of importance:                                       | 1             | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| STATE OF | F MARYLAND—CERTIFICATE OF DEATH |    |
|----------|---------------------------------|----|
| EATH _   | 107-0                           | 2. |

| STATE OF   | MARYLAND-   | CERTIFICATE OF DEATH   | 2895            |
|--|---|--|-----------------|
| 1. PLACE OF DEATH  |   | 162  |                 |
| County Warrester   |   | Registration Dist. No. 352   | ,               |
| Village or City 13 when  | Ind   | No. St.,   | Ward            |
| 2. FULL NAME Residence: No. 13 usline  | Coccurred 1 yrs 4 mos<br>Controls                     | death occurred in a horpital or institution, give its NAME instead of street and mediads. How long in U.S. If of foreign birth?yrsmo | osds.           |
| PERSONAL AND STATISTICA  | (Usual place of abode)                                | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH  | State           |
| 3. SEX 4. COLOR OR RACE 5. S   | INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day)  | , 193 (Year)    |
| HUSBAND of (or) WIFE of  |   | 22. 1 HEREBY CERTIFY, That I attended  | deceased from   |
| 6. DATE OF BIRTH (month, day, and year) Mus  | N. 8. 1933  | 80   | ; death is said |
| 7. AGE Years Months  | Days If LESS than I day,hrs. ormin.                   | to have occurred on the date stated ebove, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:      | Date of enset   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc |   | Broncho Berremone.   | 12day           |
| 9. Industry or business in which work was done, as SILK MILL,                              |   |  | 1               |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc                                     | 11. Total time (years) spent in this occupation       | Primary No previous disease  |                 |
| 12. BIRTHPLACE (city or town)  |   | Other Coatributory Causes of importance:   |                 |
| 1 10 1   | urnell  |  |                 |
| 13. NAME Allam  14. BIRTHPLACE (city or town) (State or country)                           | <u>d</u>  | Name of operation  | utanev?         |
| 15. MAIDEN NAME (Addie)  | Deuris  | 23. If death was due to externel causes (VIOL ENCE) fill in also the following   |                 |
| 15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or counity)                         | id,   | Accident, suicide, or homicide? Date of Injury Where did Injury occur?   | , 19)           |
| 17. INFORMANT William (Address)  | Jurnell   | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA                       | i)<br>ICE.      |
| 18. BURIAL, CREMATION, OR REMOVAL Place To Duells  | ste Mese, 10, 1934                                    | Manner of injury   |                 |
| 19. UNDERTAKER 13. 13.   | rbage   | 24. Was disease or injury in any way related to occupation of deceased?  |                 |
| 20, FILED Seeensty Bross & Was   | Melset Registrar.                                     | (Signed) (Address) Brown Publish   | M. D.           |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I  | 1             | Example II   |            |
|--|---------------|--|------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: |            |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago |
|  |               |  |            |
|  |               |  |            |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |            |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year     |
|  |               |  |            |
|  |               |  |            |

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH Jo should County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or lown where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ statement PHYSICIAN RECORD. (a) Residence: No. St. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Day) classified 5a. If married, widowed, or fivorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Days If LESS than to have occurred on the date stated above, at. I day ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_ may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation \_\_ [D. MA instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or fown) Name of operation\_\_ (State or country) carefully What test confirmed diagnosis? d œ 15. MAIDEN NAME important MOTHE in. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_ OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury CAUSE nation Date UK TION Nature of Injury. 24. Wes disease or injury in any way 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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MARGIN RESERVED

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
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| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| HODEAN N. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
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| MANGIN NEDENVED FOR BINDING | 3WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
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|            |  | STATE   | OF MAR                | YLAND-   | CERTIFICATE OF DEATH   | 3897          |
|------------|--|---|-----------------------|--|--|---------------|
| 1.         | PLACE O  |   |                       | -  |  | -0            |
|            | County_2                                       | Vores lu  |                       |  | Registration Dist. No.   | )             |
|            | Village or                                     | City for one wh   | a City. R.            |  | No. St., death occurred in a hospital or institution, give its NAME instead of street and as   | Ward          |
|            | Langth of ra                                   | sidence In city or town wher                                  | e death occurred      |  | ds How long In U.S. if of foreign birth?yrsmos   |               |
| 2.         | FULL NA  | ME  |                       | Neh.   | olfreld  |               |
|            | (a) Reside                                     | nce: No.  |                       |  | St., Ward.   |               |
| -          | PERCO  | NAL AND STATIS  | (Usual place          | the second secon | If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH   | tale          |
| 3. S       |  | A COLOR OR RACE   |                       | RED, WIDOWED,  | 21. DATE OF DEATH  |               |
| J. D.      | FL   | GR  |                       | D (write the word)   | Alexenter 23.  | 193 (Yaar)    |
| 5a. 1      | If married, wido<br>HUSBAND of<br>(or) WIFE of | wad, or divorced  |                       |  | 22. I HEREBY CERTIFY, That I attended do   | ecaased from  |
|            |  |   | 2 0                   | 23.194   | , 19, to   | ., 19         |
| 6. D       | ATE OF BIRTH                                   | (month, day, end year)  | 12 cerrais            | 23.774   | I last saw h alive on  | death is sald |
| 7. A       | GE Ye  | Months  | Days                  | If LESS then  1 day, hrs.  ormin.  | to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  |               |
| N          | 8. Trade, profe                                | ession, or perticular<br>work done, as SPINNER.               |                       |  | 7 1 1  | Date of onset |
| Ĕ          |  | work done, as SPINNER,<br>R, BOOKKEEPER, etc.                 |                       |  | Dead of with   |               |
| UP         | work w   | businass in which<br>as done, as SILK MILL,<br>ILL, BANK, etc |                       |  | Proper Bill Hugher   |               |
| OCCUPATION | 10. Date decaa this occ                        | sad last worked at<br>upation (month end                      | spa                   | ime (years) nt in this upation   | Medwife  |               |
| 12.        | BIRTHPLACE (                                   | sity or town) Pocon   | ske lity.             | R.F.D. # 2   | Other Contributory Causes of importance:   |               |
| ~          | (State or con                                  | untry)  | y lina                | ild  |  |               |
| 빞          | 13. NAME                                       | marcis )  | - Land                | - 0  |  |               |
| FATHER     |  | E (city or town)  | orce, le              | ~ ~~   | Name of operation Date of  |               |
| -          |  | or country)   | maryke                |  | What test confirmed diagnosis? Was there an au   | topsy?        |
| E          |  | E (city or town) 20   | rasty                 | Coming   | 23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?  | , 19          |
|            | INFORMANT                                      | Pary Bell   | le Hangle             | en miday   | Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify city or town, county and State  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify city or town, county and State  Specify city or town, county and State  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Specify city or town, county and State  Specify city or town, county and State  Specify city or town, county and State  Specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and specify city or town, county and city o | CE,           |
| 18, 1      | (Address) BURTAL, CREMA                        | TION, OR REMOVAL 24   | d pur De              | 29 34  | Manner of injury   |               |
| 19.        | UNDERTAKER (Address)                           | Tother) Ch.   | arlie Ros             | R.F.D. #2  | Nature of tnjury 24. Was disease or Injury In eny way related to occupation of deceased?   | no            |
| 20.        | FILEDDEC                                       | 23,1934   | John 7                | Registrar.   | (Signad) Mulley Keyra  (Address) Frean He City.  | mal           |
|            |  | If ma   | re blanks are needed. | address State Registrar  | 2411 N. Charles Street, Baltimore, Requesting T. S. No. 1  |               |

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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|--|---------------|--|---------------|
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| SUREAU V. S.   |               |  |               |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
| Personal Control of the Control of t |               |  |               |
|  |               |  |               |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN